

Meeting Re: Tuskegee Study

4/5/65

Dr. Schroeter
Dr. Olansky
Dr. Yobs
Mrs. Price
Mr. Donohue

The group met to discuss resolving integration of ^{clinical} material on
the Tuskegee study and ^{its future.} ~~the~~ J. Lawton Smith's proposed study ^{was also}
~~considered~~

Dr. Yobs asked "Do you think we should tabulate separately
from Peters?" Olansky - "Yes. Would have more value. Xray made
without history is at disadvantage." Olansky - "It is like every
other laboratory test. Standing alone it has great weaknesses. Need
other information to go with it. Controversial x-rays ~~has~~ need
clinical evidence." "Person at NIH doing microscopics did not have
history." Peters sent protocol with almost every one of the specimens
he sent to NIH.

from the control group
Mrs. Price says she now has six/who have become TPI reactive.

Wouldn't we be justified to take them out of control and put in
syphilitics? Olansky - probably right thing to do.

In 1952, Olansky was worried about fact that diagnoses were being made serologically in area where malaria, etc. existed. Used Kahn test as basic test. He thought putting TPI in would be helpful in supporting fact that these were really syphilitic. Some had series of TPI tests.

Dr. Schroeter said he thinks these six cases should be classified as ones considered control but now have become reactive. Question was asked as to whether we have history to document fact that they had syphilis.

Nontreponemal tests remain negative. At one time suggestion had been made of congenital syphilis.

In evaluating this study, it is no longer untreated late, latent

Yobs to Olansky.
syphilis. "Would you advise that we fly by seat of our britches or be strict?" Olansky-- "Have to fly by seat of your britches." May not find way immediately to use information but at least we ought to have it.

We know basically what to expect in terms of active syphilis. "

Schroeter-- Hard to evaluate charts. Will not be able to have a strict rule." We will consider all Dr. Shulman's diagnoses as being set-- as a valid conclusion. Olansky-- Need to get all information

together and come up with consensus of opinion. Only one test that gives absolute diagnosis of syphilis and that is the darkfield. Didn't use this in this study. Don't see under these circumstances ^{that} we can be rigid. Think the information we ~~can~~ could bleed from this is worth going after. Just because information isn't perfect, doesn't mean it isn't valuable. Question is how to get most out of it?

Shulman stayed in Tuskegee three months and gave physicals-- probably best physical they have had. If only one opinion, you have to accept this.

In ~~19~~ 1953 or 1954 Peters wrote paper for publication. Dr. Earl Moore tore it to shreds and it was never published. ^(Dr. Moore) He ~~was~~ so biased he tried to ~~block~~ block Dr. Mahoney from giving paper on penicillin.

Dr. Yobs asked Dr. Olansky "Do you consider Peters a competent radiologist?" Dr. Olansky said Peters was very competent radiologist for his day. He ^{had} the advantage of knowing patients and knowing something about them clinically.

What we are trying to do ~~is~~ is to make sense out of records.

Schroeter said "Don't see how you can mesh all this information together."

1 Yobs replied "If you can't evaluate it somehow, you better call it

quits right ~~mesh~~ now because it is not getting any clearer as time goes

on." All agreed it will be very ~~difficult~~ difficult to pull all this

together. Olansky commented that this ^{was} ~~mesh~~ meant to be a progressive

study with the hope that as it went along we would pick up interesting

things, with the important thing being what actually kills them. Mrs. ~~Ma~~ Price

stated that most of those with an aneurysm died within the first 10 years

of the study. After that controls and syphilitics got closer and ~~mesh~~

closer together. The trouble with study is that there was no starting point.

Makes it hard to analyze this.

Dr. Yobs is reviewing the charts. She will pull the controversial

ones. When she has a few pulled a meeting will be called of the same group

to discuss these and a diagnosis reached. Dr. Schroeter asked Dr. ~~Ma~~ Olansky

if he thought it would be valuable to have another dermatologist or internist

to meet with them. Dr. Yobs said "No. Let's not get anyone else in."

Mrs. Price said it would be better that we leave it up to Dr. Olansky and not have anyone else involved.

Further evaluation of the remaining patients was discussed.

hate

Dr. Olansky said he would ~~had~~ to see us lose them now. Thinks we should

follow them till death do us part. *yes Price & M. Vonder* Think average age is around 65.

Cardiovascular and eyes represent greatest difficulties. It was agreed

that a cursory examination would be sufficient. X-ray and fluoroscopy and

eye examination. ~~Spinal fluid~~ ^{need for} Possibility of/spinal fluid was

mentioned. Dr. Olansky said the patients probably wouldn't allow this.

They remember their initial experience with the "gold needle" when

Dr. Vondelehr did the spinal fluids in 1932. ★

The need for a second nurse to be assigned there ~~was discussed~~ to

take over when Nurse Rivers is gone was discussed. If we don't have

another nurse there to take over, the study will come to an end. Priority

~~should~~ should be given to the post. An additional person was suggested in

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The consensus was that patients should have yearly
serology and a cursory physical examination every
2-3-4 years.

1952. Didn't work out. Might be able to get this done at this time. The study should continue.

Dr. Yebs asked Dr. Olansky if he thought it worthwhile to evaluate patients in not in Tuskegee area (those that have moved since study began)?

Great deal of effort has gone into tracing these people down and she was just wondering if it is worth the effort. Reached 20-30 people in this category on last round up. Dr. Olansky thinks we should make ~~the~~ some effort to trace these people down-- that it would be most interesting to see what effect the different influencing factors/have on the patients. (air pollution, etc.)

If it turns out to be impossible chore, then we just won't do it.

Mrs Price stated they have reached about 75% of these people in the past through regional offices.

Racial issue was mentioned briefly. Will not affect the study.

Any questions can be handled by saying these people were at the point that max therapy would no longer help them. They are getting better medical care than they would under any other circumstances.

The consensus was that the study ~~is~~ should definitely be continued.

The discussion was then switched to J. Lawton Smith's study protocol.

Dr. Smith proposes to take the patients to Miami for series of tests.

Dr. Olansky says anything anything done with these people has to be done

in their area. If necessary could send someone up to Tuskegee from

Miami. From what he knows of these people, they are not going to go

down there. Cost and inconvenience would make it completely impractical.

Dr. Smith's reason for wanting to take patients to Miami was that certain

things could be done there that could not be done in Tuskegee.

had
Dr. Yobs/suggested to him that he send his ~~boy~~ ^{man} to Tuskegee to screen them

to find those who could more profitably be examined in Miami. ~~Smnn~~

Dr. Smith has estimated that the cost ~~x~~ would run \$50,000. Group felt

it would be closer to \$100,000. Information that could be obtained by

this study would very interesting but of what practical value would it be?

It would be purely academic. Might be very interesting but is it worth

\$100,000?

These people could be screened on several bases. People going to

Miami ~~was~~ should be those with special problems.

Dr. Olansky stated that he was not sure but what a good deal of this could be done at Tuskegee VA Hospital. They have ophthalmologist at VA Hospital. Smith could ~~xxxxxx~~ send his resident ~~xx~~ to Tuskegee for ~~xx~~ screening.

Taking all these people to Miami would really be risky. If anyone died enroute, this would blow project sky high.

Briefly discussed possibility of obtaining eyes/for Dr. Smith from undertakers to examine. Wouldn't Dr. Smith be able to get just as much information this way?⁷ Statement was made that undertakers probably aren't going to allow this.